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"Information for Authors"—A complete guide to manuscript submission and journal style is available on request and also appears in January and July.

Author Responsibility—Authors are responsible for all statements, conclusions and methods of presenting subjects. Articles are accepted on condition that they are contributed solely to this journal.

Manuscripts—Ordinarily manuscripts should not exceed 3,000 words (less than 15 typed double-spaced pages). The *original* manuscript and two copies should be submitted,

typed double-spaced throughout. If photographic illustrations are desired, three sets of clear, unmounted black and white glossy prints should be supplied. For line drawings, original artwork or glossy prints are acceptable. Tables should be typed on separate sheets of paper.

Clinical Investigation—Papers that authors wish considered for the Clinical Investigation section should be so designated in the transmittal letter.

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Nursing Mothers: Captopril is secreted in human milk. Exercise caution when administering captopril to a nursing woman, and, in general, nursing should be interrupted.

Pediatric Use: Safety and effectiveness in children have not been established although there is limited experience with use of captopril in children from 2 months to 15 years of age. Dosage, on a weight basis, was comparable to that used in adults. Captopril should be used in children only if other measures for controlling blood pressure have not been effective.

ADVERSE REACTIONS: Reported incidences are based on clinical trials involving approximately 4000 patients.

Renal—One to 2 of 100 patients developed proteinuria (see **WARNINGS**). Renal insufficiency, renal failure, polyuria, oliguria, and urinary frequency in 1 to 2 of 1000 patients.

Hematologic—Neutropenia/agranulocytosis occurred in about 0.3% of captopril-treated patients (see **WARNINGS**). Two of these patients developed sepsis and died.

Dermatologic—Rash (usually maculopapular, rarely urticarial), often with pruritus and sometimes with fever and eosinophilia, in about 10 of 100 patients, usually during the first 4 weeks of therapy. Pruritus, without rash, in about 2 of 100 patients. A reversible associated pemphigoid-like lesion, and photosensitivity have also been reported. Angioedema of the face, mucous membranes of the mouth, or of the extremities in about 1 of 100 patients—reversible on discontinuance of captopril therapy. One case of laryngeal edema reported. Flushing or pallor in 2 to 5 of 1000 patients.

Cardiovascular—Hypotension in about 2 of 100 patients. See **WARNINGS** (Hypotension) and **PRECAUTIONS** (Drug Interactions) for discussion of hypotension on initiation of captopril therapy. Tachycardia, chest pain, and palpitations each in about 1 of 100 patients. Angina pectoris, myocardial infarction, Raynaud's syndrome, and congestive heart failure each in 2 to 3 of 1000 patients.

Dysgeusia—About 7 of 100 patients developed a diminution or loss of taste perception; taste impairment is reversible and usually self-limited even with continued drug use (2 to 3 months). Gastric irritation, abdominal pain, nausea, vomiting, diarrhea, anorexia, constipation, aphthous ulcers, peptic ulcer, dizziness, headache, malaise, fatigue, insomnia, dry mouth, dyspnea, and paresthesias reported in about 0.5 to 2% of patients but did not appear at increased frequency compared to placebo or other treatments used in controlled trials.

Altered Laboratory Findings: Elevations of liver enzymes in a few patients although no causal relationship has been established. Rarely cholestatic jaundice and hepatocellular injury with secondary cholestasis, have been reported. A transient elevation of BUN and serum creatinine may occur, especially in volume-depleted or renovascular hypertensive patients. In instances of rapid reduction of longstanding or severely elevated blood pressure, the glomerular filtration rate may decrease transiently, also resulting in transient rises in serum creatinine and BUN. Small increases in serum potassium concentration frequently occur, especially in patients with renal impairment (see **PRECAUTIONS**).

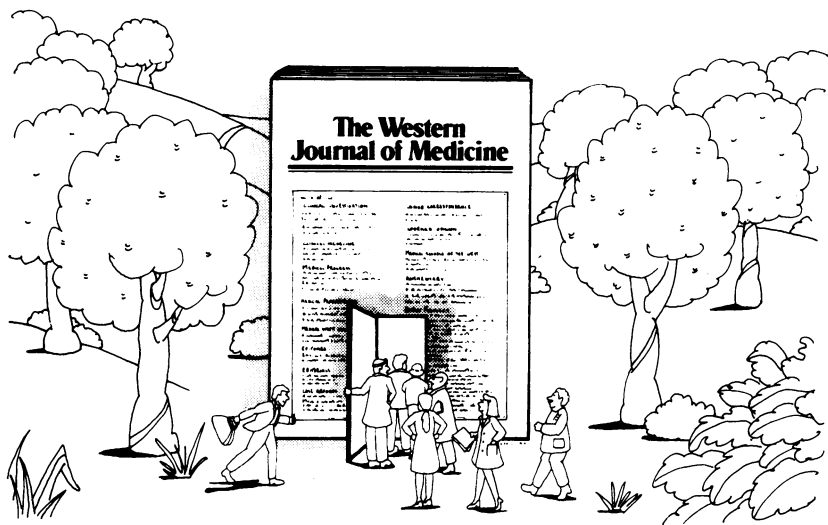
OVERDOSAGE: Primary concern in correction of hypotension. Volume expansion with an I.V. infusion of normal saline is the treatment of choice for restoration of blood pressure. Captopril may be removed from the general circulation by hemodialysis.

DOSAGE AND ADMINISTRATION: CAPOTEN (captopril) should be taken one hour before meals. In hypertension, CAPOTEN may be dosed bid or tid. Dosage must be individualized; see **DOSAGE AND ADMINISTRATION** section of package insert for detailed information regarding dosage in hypertension and in heart failure. Because CAPOTEN (captopril) is excreted primarily by the kidneys, dosage adjustments are recommended for patients with impaired renal function.

Consult package insert before prescribing CAPOTEN (captopril).

HOW SUPPLIED: Available in tablets of 12.5, 25, 50, and 100 mg in bottles of 100 (25 mg also available in bottles of 1000), and in UNIMATIC® single dose packs of 100 tablets. (J3-658B)

Inside Information



Consider a few features of **The Western Journal of Medicine**:

- **Epitomes of Progress**—Each month this section highlights the major advances in a different specialty with 15 or 20 brief epitomes by experts in the field.
- **Clinical Investigation**—Five major clinical research societies coordinate important new research findings, emphasizing clinical value.
- **Socioeconomics**—WJM is often the first to predict, examine and evaluate socioeconomic changes, trends.
- **Yearly Special Issue**—Each December's issue is devoted to a topic vital to physicians: clinical nutrition (1979), cost of care (1980), geriatrics (1981), occupational/environmental medicine (1982) cross-cultural medicine (1983), personal health maintenance (1984), high-tech medicine (1985).

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CONTRAINDICATIONS

Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

WARNINGS

Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

PRECAUTIONS

General: The dosage of XANAX Tablets should be reduced or withdrawn gradually, since withdrawal seizures have been reported upon abrupt withdrawal. If XANAX is combined with other psychotropics or anticonvulsant drugs, consider drug potentiation. (See Drug Interaction section.) Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage. (See Dosage and Administration.) Observe the usual precautions in treating patients with impaired renal or hepatic function.

Information for Patients: Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. **Laboratory Tests:** Not ordinarily required in otherwise healthy patients. **Drug Interactions:** Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with benzodiazepines have been reported. **Drug/Laboratory Test Interactions:** No consistent pattern for a specific drug or specific test. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No carcinogenic potential or impairment of fertility in rats. **Pregnancy:** See Warnings. **Nonteratogenic Effects:** The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. **Labor and Delivery:** No established use. **Nursing Mothers:** Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. **Pediatric Use:** Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS

Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacological activity of XANAX, e.g., drowsiness or lightheadedness.

Central nervous system: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness.

Gastrointestinal: Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation.

Cardiovascular: Tachycardia/palpitations, and hypotension.

Sensory: Blurred vision.

Musculoskeletal: Rigidity and tremor.

Cutaneous: Dermatitis/allergy.

Other side effects: Nasal congestion, weight gain, and weight loss.

In addition, the following adverse events have been reported with the use of anxiolytic benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes, of unknown significance, have been observed.

DRUG ABUSE AND DEPENDENCE

Physical and Psychological Dependence: Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. Withdrawal seizures have occurred upon rapid decrease or abrupt discontinuation of therapy. In all patients, dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. **Controlled Substance Class:** XANAX is a controlled substance and has been assigned to schedule IV.

DOSEAGE AND ADMINISTRATION

The usual starting dose is 0.25 to 0.5 mg, t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than one milligram every three days.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

B-3-S

Books Received

Books received by THE WESTERN JOURNAL OF MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interest of readers as space permits.

GASTROINTESTINAL SURGERY—2 Volumes—Edited by David Fromm, MD, Professor and Chairman, Department of Surgery, State University of New York, Upstate Medical Center, Syracuse, New York. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 933 pages, \$135.

GENITOURINARY CANCER—Volume 5 in CONTEMPORARY ISSUES IN CLINICAL ONCOLOGY—Edited by Marc B. Garnick, MD, Associate Professor of Medicine, Harvard Medical School, Dana-Farber Cancer Institute, and Associate Physician, Brigham and Women's Hospital, Boston. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 272 pages, \$39.50.

LEUKEMIAS AND LYMPHOMAS—Edited by Peter H. Wiernik, MD, Gutman Professor and Chairman, Department of Oncology, Montefiore Medical Center; Chief, Division of Medical Oncology, Albert Einstein College of Medicine, and Associate Director for Clinical Research, Albert Einstein Cancer Center, New York. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 271 pages, \$36.

LIPOPLASTY—The Theory and Practice of Blunt Suction Lipectomy—Edited by Gregory P. Hetter, MD, Assistant Clinical Professor of Plastic Surgery, University of Nevada School of Medicine, Reno; Assistant Chief, Division of Plastic Surgery, Sunrise Hospital, Las Vegas; Foreword by Mario Gonzalez Ulloa, MD, Director, Dalinde Medical Center, Mexico City. Little, Brown and Company, Medical Division, 34 Beacon St, Boston, MA 02106, 1984. 340 pages, \$95.

MANUAL OF OBSTETRIC ANESTHESIA—Edited by Gerard W. Ostheimer, MD, Associate Professor of Anesthesia, Harvard Medical School, and Director of Obstetric Anesthesia, Brigham and Women's Hospital, Boston. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 412 pages, \$27.50 (paperback).

MECHANICAL VENTILATION—Edited by Robert R. Kirby, MD, Col USAF, MC, Chairman, Department of Anesthesiology, Wilford Hall USAF Medical Center, Lackland Air Force Base, Texas, and Clinical Professor of Anesthesiology, University of Texas Health Sciences Center, San Antonio, and Tulane University School of Medicine, New Orleans; Robert A. Smith, MS, RRT, Technical Director, Critical Care Medicine Research and Training Laboratory, Memorial Medical Center, Jacksonville, Florida, and David A. Desautels, MPA, RRT, Director, Hyperbaric Medicine Program, Hospital Information System Liaison to Operations, Shands Hospital at the University of Florida, Gainesville. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 474 pages, \$45.

NEUROMUSCULAR MANIFESTATIONS OF SYSTEMIC DISEASE—Robert B. Layzer, MD, Professor of Neurology, University of California, San Francisco, School of Medicine. F. A. Davis Co, 1915 Arch St, Philadelphia, PA 19103, 1984. 409 pages, \$60.

OCCUPATION PROTECTION AND HEALTH PROMOTION—Special Edition of Health Education Quarterly (Publication of the Society for Health Education)—Vol 11—Editor: David A. Sleet. John Wiley & Sons, Inc, Journals Division, 605 Third Ave, New York, NY 10158, 1984. 110 pages, \$10.

OCCUPATIONAL LOW BACK PAIN—Edited by Malcolm H. Pope, PhD, Professor of Orthopaedics and Professor of Mechanical Engineering; John W. Frymoyer, MD, Professor of Orthopaedics and Rehabilitation, University of Vermont, Burlington, and Gunnar B. J. Andersson, MD, Associate Professor of Orthopaedic Surgery, University of Göteborg, Sweden. Praeger, 521 Fifth Ave, New York, NY 10175, 1984. 344 pages, \$41.95.

PATHOLOGY OF THE ESOPHAGUS, STOMACH, AND DUODENUM—Edited by Henry D. Appelman, MD, Professor of Pathology and Director, Anatomic Pathology, University of Michigan Medical School, Ann Arbor. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 284 pages, \$49.50.

PEDIATRIC NEUROLOGIC PHYSICAL THERAPY—Edited by Suzann K. Campbell, PhD, LPT, Professor, Division of Physical Therapy, Department of Medical Allied Health Professions, School of Medicine, University of North Carolina at Chapel Hill. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 413 pages, \$29.

PERSONAL PENSION PLAN STRATEGIES FOR PHYSICIANS—C. Colburn Hardy and Howard J. Weiner, JD, LL.M. Medical Economics Books, Box C-779, Pratt Station, Brooklyn, NY 11205, 1985. 132 pages, \$19.95* (plus \$2 handling). *Prices are subject to change without notice.

PRACTICAL MANAGEMENT OF STROKE—Graham P. Mulley, DM, MRCP, Consultant Geriatrician, Department of Medicine for the Elderly, St James University Hospital, Leeds, England. Medical Economics Books, Oradell, NJ 07649, 1985. 167 pages, \$18.95.

PULMONARY FUNCTION TESTING—PRINCIPLES AND PRACTICE—Edited by Steven A. Conrad, MD, Instructor, Department of Medicine, and Clinical Assistant Professor, Department of Physiology and Biophysics; Gary T. Kinasewitz, MD, Associate Professor, Pulmonary Diseases Section, Department of Medicine, and Department of Physiology and Biophysics, and Ronald B. George, MD, Professor and Chief, Pulmonary Diseases Section, Department of Medicine, and Medical Director, Department of Respiratory Therapy, Louisiana State University Medical Center, Shreveport. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 365 pages, \$33.50.

RADIONUCLIDE SCINTIGRAPHY IN ORTHOPAEDICS—Edited by C. S. B. Galasko, MB, BCh, MSc, ChM, FRCS(Eng), FRCS(Ed), Professor of Orthopaedic Surgery, University of Manchester, England, and David A. Weber, PhD, Associate Professor of Radiology, University of Rochester, Rochester, New York. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 260 pages, \$55.

SKIN PROBLEMS OF THE AMPUTEE—S. William Levy, MD, Research Associate, Biomechanics Laboratory, and Clinical Professor of Dermatology, University of California, San Francisco. Warren H. Green, Inc, 8356 Olive Blvd, St Louis, MO 63132, 1983. 304 pages, \$39.95.

SURGICAL TREATMENT OF THE INFERTILE FEMALE—Veasy C. Buttram, Jr, MD, Professor and Director, Division of Endocrinology-Fertility, Department of Obstetrics and Gynecology, Baylor College of Medicine, Houston, and Robert C. Reiter, MD, Resident, Obstetrics and Gynecology, Naval Regional Medical Center, San Diego. Williams & Wilkins, 428 East Preston Street, Baltimore, MD 21202, 1985. 370 pages; price not given.

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ALLERGY AND IMMUNOLOGY

August 16-18—**Summer Conference on Allergy, Rheumatology and Orthopedic Surgery.** Scripps Clinic & Research Foundation at Sherwood Hall, La Jolla Museum of Contemporary Art, La Jolla. Fri-

day-Sunday. 14 hrs. Fee: \$25-\$195. Contact: Bonny A. Mower, Scripps Clinic & Research Foundation, 10666 N. Torrey Pines Rd., La Jolla, CA 92037.

ANESTHESIOLOGY

August 8-11—**Clinical Neuroanesthesia Conference.** UCSD at Hotel Intercontinental, San Diego. Thursday-Sunday. 22 hrs.

CARDIOLOGY

June 16-20—**Western Thoracic Surgical Association Annual Meeting** at Hyatt Lake Tahoe, Incline Village. Sunday-Thursday. Contact: WTSA, 13 Elm St., Manchester, MA 01944. (617) 927-8330.

June 21-23—**Diagnosis and Management of the Acute M.I.** International Medical Education Corp. at Hyatt Regency, Lake Tahoe. Friday-Sunday. 13 hrs. Fee: \$295. Contact: IMEC, 64 Inverness Dr. E., Englewood, CO 80112.

June 25-27—**Vascular and Pulmonary Disease: Diagnosis and Management.** Medical Education Resources at Balboa Bay Club, Newport Beach. Tuesday-Thursday. 13 hrs. Fee: \$275. Contact: Mrs Leslie Shaffer, Medical Education Resources, 5808 S. Rapp St., Ste. 202, Littleton, CO 80120. (303) 798-9682.

June 26-28—**Consultative Cardiology: Update in Diagnostic and Therapeutic Techniques.** American College of Cardiology at Westin South Coast Plaza, Costa Mesa. Wednesday-Friday. Contact: American College of Cardiology, 9111 Old Georgetown Rd., Bethesda, MD 20814.

June 28-30—**ECG Interpretation and Arrhythmia Management.** International Medical Education Corp. at Disneyland Hotel, Anaheim. Friday-Sunday. 13 hrs. Fee: \$295. Contact: IMEC, 64 Inverness Dr. E., Englewood, CO 80112.

July 1-3—**Cardiac Morphology: Angiographic, Auscultatory, Echocardiographic and Electrocardiographic Correlations.** American College of Cardiology at Incline Village, Nevada. Monday-Wednesday. Contact: American College of Cardiology, 9111 Old Georgetown Rd., Bethesda, MD 20814.

July 13-20—**Cardiovascular Med. & Surgery & Critical Care Medicine.** Stanford University at Mauna Kea Beach Hotel, Kamuela, Hawaii. Saturday-Saturday.

July 19-21—**Cardiovascular Fitness Sports Medicine and Nutrition.** Mercy Medical Center, Redding.

KEY TO ABBREVIATIONS

- CMA: California Medical Association
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- DREW: Charles R. Drew Postgraduate Medical School
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Contact: David S. Gullion, MD, Director, Extended Programs in Medical Education, School of Medicine, University of California, San Francisco 94143. (415) 666-4251.
- USC: University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 224-7051.

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Friday-Sunday. Fee: \$100. Contact: Shelly Underwood, Mercy Medical Center, PO Box 6009, Redding 96099. (916) 243-2121.

July 19-21—**Coronary Artery Disease and Sudden Death: Primary and Secondary Prevention.** International Medical Education Corp. at Marriott Hotel, Newport Beach, CA. Friday-Sunday. 13 hours. Fee: \$295. Contact: IMEC, 64 Inverness Dr. E., Englewood, CO 80112.

July 29-August 3—**Doppler and 2-D Echocardiography.** The Institute for Medical Studies at Anaheim. Monday-Saturday. 33 hrs. Contact: Kim Stroich, IMS, 30131 Town Center Dr., Ste. 215, Laguna Niguel, CA 92677. (714) 494-4499.

August 2-4—**Vascular and Pulmonary Disease: Diagnosis and Management.** University of Colorado at Disneyland Hotel, Anaheim. Friday-Sunday. 13 hrs. Contact: Medical Education Resources, 5808 S. Rapp St., Ste. 202, Littleton, CO 80120. (800) 421-3756.

August 11-16—**Current Concepts in Cardiology.** UCD at Hyatt Lake Tahoe, Incline Village, NV. Sunday-Friday.

EMERGENCY MEDICINE

June 20-21—**6th Annual Trauma Seminar.** Charles R. Drew Postgraduate Medical School at Disneyland Hotel, Anaheim. Thursday-Friday. 16 hrs. Contact: Dr. S. Bala, (213) 603-4510.

June 24-28—**Postgraduate Institute for Emerg. Physicians, Symposium 111.** UCSD at Hanalei Hotel, San Diego. Monday-Friday. 13-36 hrs. Fee: \$200-675.

June 27-30—**Update in Emergency Medicine.** Mercy Medical Center, Redding at Salmon River (White-water rafting trip). Thursday-Sunday. 10 hrs. Fee: \$125. Contact: Shelly Underwood, Mercy Medical Center, Redding, PO Box 6009, Redding, CA 96099-6009. (916) 243-2121.

July 3-6—**Wilderness Emergency Care.** Mercy Medical Center, Redding. Wednesday-Saturday. 10 hrs. Fee: \$125. Contact: Shelly Underwood, Mercy Medical Center, PO Box 6009, Redding, CA 96099. (916) 243-2121.

July 12-14—**Update in Emergency Medicine.** Mercy Medical Center, Redding. Friday-Sunday. 10 hrs. Fee: \$100. Contact: Shelly Underwood, Mercy Medical Center, PO Box 6009, Redding, CA 96099. (916) 243-2121.

August 12-16—**Wilderness Medicine.** UCSD at Lake Tahoe, NV. Monday-Friday. 23 hrs.

August 26-30—**Topics in Emergency Medicine.** UCSF at Holiday Inn on Union Square, San Francisco. Monday-Friday. 33 hrs.

INTERNAL MEDICINE

June 19-21—**Gastroenterology: Recent Developments in Theory and Practice.** UCSF at Mark Hopkins Hotel, San Francisco. Wednesday-Friday. Fees: \$375.

June 21-23—**California Society of Internal Medicine—Annual Meeting** at Hotel Del Coronado, Coronado. Friday-Sunday. 3 hrs. Contact: Carol Holland Parlette, CSIM, 703 Market Street, San Francisco 94103.

June 24-28—**Advances in Internal Medicine.** UCSF at Hotel Meridien, San Francisco. Fee: \$420.

August 18-23—**New Advances in Internal Medicine: Clinical Applications.** UCD at Hyatt Regency, Monterey. Sunday-Friday.

August 31-September 3—**Advances in Internal Medicine Postgraduate Course 1985.** UCSD at Sheraton Harbor Island East, San Diego. Saturday-Tuesday. 25 hrs.

OPHTHALMOLOGY

June 29-July 3—**Pacific Coast Oto-Ophthalmological Society Annual Meeting** at Hotel Del Coronado, Coronado. Saturday-Wednesday. Contact: Robert Christensen, MD, UCLA Med Center, 800 Westwood Plaza, Los Angeles, CA 90024.

PEDIATRICS

June 21-22—**Pediatric Pulmonary Update—1985.** Children's Hospital and Health Center at San Diego Hilton Beach and Tennis Resort. Friday-Saturday. Contact: Sung Min Park, MD, Children's Hospital and Health Center, 8001 Frost St., San Diego 92123. (619) 576-5854.

June 22-29—**3rd National Kaiser Permanente Pediatrics Conference** at Maui, Hawaii. One Week. 22.5 hrs. Fee: \$100. Contact: Steven Black, MD (45) 428-5815.

July 5-7—**Pediatrics for the Practitioner.** American Academy of Pediatrics at Anaheim. Friday-Sunday. 13 hrs. Fee: \$225. Contact: Eve Black, PO Box 2134, Inglewood, CA 90305.

RADIOLOGY

August 27-30—**Radiology Conference.** Northern California Radiology Society at Napa Valley. Tuesday-Friday. 20 hrs. Fee: \$275-\$345. Contact: Sacramento Radiology Research & Education Foundation, PO Box 18184, Sacramento, CA 95819.

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Motrin® Tablets (ibuprofen)

Contraindications: Anaphylactoid reactions have occurred in individuals hypersensitive to Motrin Tablets or with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin, iodides, or other nonsteroidal anti-inflammatory agents.

Warnings: Peptic ulceration and GI bleeding, sometimes severe, have been reported. Ulceration, perforation and bleeding may end fatally. An association has not been established. Use Motrin Tablets under close supervision in patients with a history of upper gastrointestinal tract disease, after consulting ADVERSE REACTIONS. In patients with active peptic ulcer and active rheumatoid arthritis, try nonulcerogenic drugs, such as gold. If Motrin Tablets are used, observe the patient closely for signs of ulcer perforation or GI bleeding.

Chronic studies in rats and monkeys have shown mild renal toxicity with papillary edema and necrosis. Renal papillary necrosis has rarely been shown in humans treated with Motrin Tablets.

Precautions: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If these develop, discontinue Motrin Tablets and the patient should have an ophthalmologic examination, including central visual fields and color vision testing.

Fluid retention and edema have been associated with Motrin Tablets; use with caution in patients with a history of cardiac decompensation or hypertension. In patients with renal impairment, reduced dosage may be necessary. Prospective studies of Motrin Tablets safety in patients with chronic renal failure have not been done.

Motrin Tablets can inhibit platelet aggregation and prolong bleeding time. Use with caution in persons with intrinsic coagulation defects and on anticoagulant therapy.

Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, skin rash, weight gain, or edema.

Patients on prolonged corticosteroid therapy should have therapy tapered slowly when Motrin Tablets are added.

The antipyretic, anti-inflammatory activity of Motrin Tablets may mask inflammation and fever.

As with other nonsteroidal anti-inflammatory drugs, borderline elevations of liver tests may occur in up to 15% of patients. These abnormalities may progress, may remain essentially unchanged, or may be transient with continued therapy. Meaningful elevations of SGPT or SGOT (AST) occurred in controlled clinical trials in less than 1% of patients. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, have been reported with ibuprofen as with other nonsteroidal anti-inflammatory drugs. If liver disease develops or if systemic manifestations occur (e.g. eosinophilia, rash, etc.), Motrin should be discontinued.

Drug interactions. Aspirin: used concomitantly may decrease Motrin blood levels.

Coumarin: bleeding has been reported in patients taking Motrin and coumarin.

Pregnancy and nursing mothers: Motrin should not be taken during pregnancy or by nursing mothers.

Adverse Reactions: The most frequent type of adverse reaction occurring with Motrin is gastrointestinal of which one or more occurred in 4% to 16% of the patients.

Incidence Greater than 1% (but less than 3%)—Probable Causal Relationship

Gastrointestinal: Nausea; epigastric pain; heartburn; diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence); **Central Nervous System:** Dizziness; headache, nervousness; **Dermatologic:** Rash (including maculopapular type), pruritus; **Special Senses:** Tinnitus; **Metabolic/Endocrine:** Decreased appetite; **Cardiovascular:** Edema, fluid retention (generally responds promptly to drug discontinuation; see PRECAUTIONS).

Incidence less than 1%—Probable Causal Relationship**

Gastrointestinal: Gastric or duodenal ulcer with bleeding and/or perforation, gastrointestinal hemorrhage, melena, gastritis, hepatitis, jaundice, abnormal liver function tests; **Central Nervous System:** Depression, insomnia, confusion, emotional lability, somnolence, aseptic meningitis with fever and coma; **Dermatologic:** Vesiculobullous eruptions, urticaria, erythema multiforme, Stevens-Johnson syndrome, alopecia; **Special Senses:** Hearing loss, amblyopia (blurred and/or diminished vision, scotomata, and/or changes in color vision) (see PRECAUTIONS); **Hematologic:** Neutropenia, agranulocytosis, aplastic anemia, hemolytic anemia (sometimes Coombs positive), thrombocytopenia with or without purpura, eosinophilia, decreases in hemoglobin and hematocrit; **Cardiovascular:** Congestive heart failure with marginal cardiac function, elevated blood pressure, palpitations; **Allergic:** Syndrome of abdominal pain, fever, chills, nausea and vomiting; anaphylaxis; bronchospasm (see CONTRAINDICATIONS); **Renal:** Acute renal failure in patients with pre-existing significantly impaired renal function, decreased creatinine clearance, polyuria, azotemia, cystitis, hematuria; **Miscellaneous:** Dry eyes and mouth, gingival ulcer, rhinitis.

Incidence less than 1%—Causal Relationship Unknown**

Gastrointestinal: Pancreatitis; **Central Nervous System:** Paresthesias, hallucinations, dream abnormalities, pseudotumor cerebri; **Dermatologic:** Toxic epidermal necrolysis, photoallergic skin reactions; **Special Senses:** Conjunctivitis, diplopia, optic neuritis; **Hematologic:** Bleeding episodes (e.g. epistaxis, menorrhagia); **Metabolic/Endocrine:** Gynecomastia, hypoglycemic reaction; **Cardiovascular:** Arrhythmias (sinus tachycardia, sinus bradycardia); **Allergic:** Serum sickness, lupus erythematosus syndrome, Henoch-Schönlein vasculitis; **Renal:** Renal papillary necrosis.

Reactions occurring in 3% to 9% of patients treated with Motrin. (Those reactions occurring in less than 3% of the patients are unmarked.)

Reactions are classified under "Probable Causal Relationship (PCR)" if there has been one positive rechallenge or if three or more cases occur which might be causally related. Reactions are classified under "Causal Relationship Unknown" if seven or more events have been reported but the criteria for PCR have not been met.

Overdosage: In cases of acute overdosage, the stomach should be emptied. The drug is acidic and excreted in the urine so alkaline diuresis may be beneficial.

Dosage and Administration: Rheumatoid arthritis and osteoarthritis. Suggested dosage is 300, 400, or 600 mg t.i.d. or q.i.d. Do not exceed 2400 mg per day. Mild to moderate pain: 400 mg every 4 to 6 hours as necessary.

Caution: Federal law prohibits dispensing without prescription.

Motrin is a registered trademark of The Upjohn Manufacturing Company M, Barceloneta, Puerto Rico

MED B-7-S

Upjohn

J-3253

June 1983

CONTINUING MEDICAL EDUCATION

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SPORTS MEDICINE

July 28-August 1—**Marine and Aquatic Sports Medicine.** UCD at Monterey. Sunday-Thursday.

SURGERY

June 17-21—**Basic Microsurgery Training Workshop.** UCSD at San Diego. Monday-Friday. 34 hrs. Fee: \$1,200.

June 17-21—**Symposium on the Temporomandibular Joint.** UCSF at Maui Marriott Hotel, Maui, Hawaii. Monday-Friday. Fee: \$425.

June 19-22—**Superficial Anatomy and Cutaneous Surgery.** UC, San Diego. Wednesday-Saturday. Fee: \$250-\$600.

OF INTEREST TO ALL PHYSICIANS

June 17-22—**The UCI Family Practice Refresher Course.** UCI at Westin South Coast Plaza, Long Beach. Monday-Saturday. 58 hrs.

June 22-23—**Mullens-White Symposia: Non-Invasive Evaluation and Minimal Incision Surgery.** Stanford at Palo Alto. Saturday-Sunday.

June 29-30—**7th Annual Symposium on Toxicological Emergencies.** UCSF at Cathedral Hill Hotel, San Francisco. Saturday-Sunday. Fee: \$210.

June 29-July 6—**Seminar in Travel Medicine.** International Conferences at Hawaii. Saturday-Saturday. 20 hrs. Contact: International Conferences, 189 Lodge Ave., Huntington Station, NY 11746. (516) 549-0869.

June 30—**Personality and Disease: The Emerging Field of Psychoneuro-immunology.** UCSD at University of California, Santa Barbara. Sunday. 6 hrs.

July 5-7—**6th Annual Symposium: Laboratory & Clinical Aspects of Microbiological Diagnosis.** UCLA at Hotel Del Coronado, Coronado. Friday-Sunday. Fee: \$175.

July 6-11—**The Fourth International Symposium on Psoriasis.** Psoriasis Research Institute at Stanford University, Stanford. Saturday-Thursday. Contact: Paul H. Jacobs, MD, Dept. of Dermatology, Stanford University Medical Center, Stanford, CA 94305.

July 8-11—**Family Practice Board Review Course.** UCSF. Monday-Thursday.

August 6-8—**Dermatopharmacology Symposium.** Stanford at Stanford. Tuesday-Thursday.

August 17-23—**Fine Needle Aspiration.** UCSF at Marriott Biltmore, Santa Barbara. Saturday-Friday. Fee: \$525.

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CONTINUING MEDICAL EDUCATION

IDAHO

July 19-25—Up-to-Date Cardiac Therapy. Salmon River, Idaho White Water Rafting. Friday-Thursday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

July 21-28—Computers in Professional Practice and Financial Planning. Sun Valley. One week. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

July 24-27—Idaho Medical Association Annual Meeting. Sun Valley. Wednesday-Saturday. Contact: IMA, PO Box 2668, Boise 83701. (208) 344-7888.

August 3-9—Selected Topics in Wilderness and Environmental Medicine. Mt. Bike Tour, McCall, Idaho. Saturday-Friday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

August 15-17—Sun Valley Emergency Medical Conference. Sun Valley. Thursday-Saturday. Followed by a float trip on the Middle Fork of the Salmon River, August 18-20. Sponsors: Idaho Emergency Medical Services System; Idaho Chap, American College of Emergency Physicians; Idaho Chap, Emergency Nurses Assn; Idaho Committee on Trauma, American College of Surgeons; Rural Area Model System. Contact: Idaho EMS System, 450 W State St., Boise 83720. (208) 334-4245.

August 15-21—Effective Diagnosis and Treatment of Infectious Diseases. Middle Fork of the Salmon River, Idaho White Water Rafting. Thursday-Wednesday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

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hydramnios is found, antenatal intervention percutaneously or via an open surgical procedure or early delivery may be warranted though the risks are high. If the abnormality is unilateral or the amniotic fluid is normal, the pregnancy may be followed to term and further evaluation and treatment undertaken in the neonatal period. This promises improved salvage in the future for problems that might otherwise remain silent until severe renal damage has occurred.

Another less technical advance has been the growing appreciation for the need to thoroughly evaluate the first childhood urinary tract infection, regardless of the sex of the child. Most renal scarring from pyelonephritis has occurred by age 4 years. Before that age, immature renal papillae may contribute to intrarenal reflux, which, combined with vesicoureteral reflux of infected urine, may transform cystitis into pyelonephritis. Because a single childhood urinary tract infection has an 80% chance of recurrence, and voiding cystourethrography done on white children for infection shows reflux in 29% to 50%, the best approach to preventing recurrent pyelonephritis with its complications of hypertension, proteinuria and reduced renal function is to properly document all instances of urinary tract infection and do a diagnostic workup on those children after the first such episode.

Voiding cystourethrography or isotope cystography and excretory urography or renal ultrasound studies usually are sufficient to identify upper urinary tract anomalies, obstruction or reflux; cystoscopy is reserved for selected situations. Analysis of urine and urine culture should be considered in evaluating all febrile childhood illnesses, however transient. The goal is to identify and correct contributing causes to upper urinary tract infection and thus prevent progressive morbidity and renal damage.

On the surgical front, the impetus has been to earlier

surgical procedures, often done on an outpatient basis. Electron-microscopic studies of patients with undescended testes showing deterioration beginning by age 1 year have indicated that the optimal age for orchidopexy be revised down to age 12 to 24 months. While studies evaluating the proper role for human chorionic gonadotropin or gonadotropin-releasing hormone in treating this condition are not yet complete, this hormonal manipulation should be begun by age 18 months, allowing early orchidopexy if it fails. The early promise of the gonadotropin-releasing hormone in European trials has not yet been confirmed here.

The most common type of hypospadias, a subcoronal meatus with an incomplete, dorsal-hooded foreskin, is now best treated by the meatoplasty and glanuloplasty ("MAGPI") procedure as introduced by Duckett. With advancement of the meatus onto the glans and repositioning or revising the foreskin, the procedure can easily effect an excellent cosmetic result with few complications. Often it can be done on an outpatient basis and be completed in infancy. Such procedures and timing should prevent the emotional and sexual insecurities that often accompany genital deformities in older boys.

JEFFREY KAUFMAN, MD
Santa Ana, California

Section Editor's Comment:

The appropriateness of antenatal intervention is being investigated.

REFERENCES

- Duckett JW: MAGPI (meatoplasty and glanuloplasty): A procedure for subcoronal hypospadias. *Urol Clin North Am* 1981 Oct; 8:513-519
- Kelalis PK, King LD, Belman AB: *Clinical Pediatric Urology*. Philadelphia, WB Saunders, 1985
- Kramer SA: Current status of fetal intervention for congenital hydronephrosis. *J Urol* 1983 Oct; 130:641-646

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August 22-25—Intermountain Dermatology Society. Red Fish Lake Lodge, Idaho. Thursday-Sunday. 9½ hrs. Sponsor: University of Utah. Contact: C. David Hansen, MD, (801) 321-1100.

September 8-14—Up-to-Date Cardiac Therapy. Middle Fork of the Salmon River, Idaho White Water Rafting. Sunday-Saturday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

October 12-18—Effective Diagnosis and Treatment of Infectious Diseases. Salmon River, Idaho Sports Fishing. Saturday-Friday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley 83353. (208) 788-4995.

MONTANA

October 3-5—Montana Medical Association Annual Meeting. Outlaw Inn, Kalispell. Thursday-Saturday. Contact: NNA, 2012 11th Ave., Ste. 12, Helena 59601. (406) 443-4000.

NEW MEXICO

Information, requests for accreditation and items to be listed should be sent to the chairman of the CME Committee, New Mexico Medical Society, 303 San Mateo NE, Suite 204, Albuquerque, NM 87108 at least two months in advance. For information on CME accreditation or on the CME requirements of the New Mexico Board of Medical Examiners, please write to the above address or call (505) 266-7868.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution for current details.

July 11-13—General Surgical Update. Albuquerque. Thursday-Saturday. Marriott Hotel. AMA Cat. I. Contact: Office of CME, UNM SOM, Albuquerque 87131. (505) 277-3942.

July 11-13—Annual Meeting—New Mexico Ophthalmological Society. Santa Fe. Thursday-Saturday. Hilton Inn. 8½ hrs. AMA Cat. I. Contact: John M. Mezzoff, MD, 508 Cabezon Court, Gallup 87301.

July 15-18—28th Annual Ruidoso Family Practice Seminar. Mescalero. Monday-Thursday. Inn of the Mountain Gods. 20 hrs. AMA Cat. I and AAFP Prescribed Credit. Contact: NM Chapter, AAFP, PO Box 23070, Albuquerque 87192. (505) 298-5300.

OREGON

The following list of continuing medical offerings in the state of Oregon is compiled by the Oregon Medical Association's Council on Medical Education. If you wish to submit information regarding future postgraduate courses, please submit the information to James A. Kronenberg, Associate Executive Director, Oregon Medical Association, 5210 SW Corbett Ave., Portland, OR 97201, or phone (503) 226-1555.

MEDICAL GRAND ROUNDS

Douglas Community Hospital, 738 West Harvard Avenue, Roseburg 97470:

Every Monday, 12:30 p.m. Contact: Robert A. Driver, MD, Douglas Community Hospital, 738 West Harvard Avenue, Roseburg, OR 97470. (503) 673-6641.

Emanuel Hospital, 2801 N. Gantenbein Street, Portland 97227:

Every Friday, 8:00 a.m. to 9:00 a.m. **Medical Grand Rounds.** Contact: Philipa McClure, Emanuel Hospital, 2801 N. Gantenbein Street, Portland, OR 97227. (505) 280-3200.

Good Samaritan Hospital and Medical Center, 1015 NW 22nd Avenue, Portland 97210:

Every Wednesday, 8:00 a.m. to 9:00 a.m. **Medicine Grand Rounds.** Nursing Education Building, Room 110. Contact: Department of Medicine, Good Samaritan Hospital and Medical Center, 1015 NW 22nd Avenue, Portland, OR 97201. (503) 229-7454.

CONTACT INFORMATION

OHSU-CME—Contact: Division of Continuing Medical Education, Oregon Health Sciences University, Portland, OR 97201. (503) 225-8700.

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Providence Medical Center, 4805 NE Glisan, Portland 97213:

Every Wednesday, 8:00 a.m. **Medical Grand Rounds.** Contact: Richard Wernick, MD, Providence Medical Center, 4805 NE Glisan, Portland, OR 97213. (503) 230-6085.

Sacred Heart General Hospital, 1200 Alder Street, Eugene, OR 97440:

Every Tuesday, 8:00 a.m. to 9:00 a.m. **Medical Grand Rounds.** Hospital Auditorium. Contact: Medical Education Committee. PO Box 10905, Eugene, OR 97440.

Salem Hospital, 665 Winter Street SE, Salem 97301:

First and third Thursday of each month 7:15 a.m. to 8:15 a.m. **Medical Live Audit Conference.** Memorial Auditorium. Contact: Diane Eyerly, Salem Hospital, 665 Winter Street SE, Salem, OR 97301. (503) 370-5339.

Every Friday, 7:30 a.m. to 8:30 a.m. **Friday Grand Rounds.** Memorial Auditorium. Contact: Diane Eyerly, Salem Hospital, 665 Winter Street SE, Salem, OR 97301. (503) 370-5339.

St. Vincent Hospital & Medical Center, 9205 SW Barnes Road, Portland 97225:

First, third, fourth and fifth Wednesday of each month, 8:00 a.m. to 9:00 a.m. **Medical Grand Rounds.** Souther Auditorium. Contact: Bonnie Conger, Secretary to Dr Kenneth Melvin, St. Vincent Hospital & Medical Center, 9205 SW Barnes Road, Portland 97225. (503) 297-4411, Ext. 2230

Oregon Health Sciences University, Department of Psychiatry, Portland 97201:

Every Wednesday, 4:00 p.m. to 5:00 p.m. **Department of Psychiatry Grand Round Presentations.** Room 8B-60, University Hospital South, Oregon Health Sciences University. Contact: Dept. of Psychiatry, Oregon Health Sciences University, Portland, OR 97201. (503) 225-8144.

Oregon Health Sciences University, Department of Medicine, Portland 97201:

Every Tuesday, 8:00 a.m. to 9:00 a.m. **Department of Medicine Grand Rounds.** U.H.S.-8B-60, Oregon Health Sciences University. Contact: Dept. of Medicine, Oregon Health Sciences University, Portland, OR 97201. (503) 225-8607.

FAMILY PRACTICE GRAND ROUNDS

Every Wednesday, 11:00 a.m. to 12:00 Noon. **Family Practice Grand Rounds.** Family Practice Center, Oregon Health Sciences University, Portland. Contact: William A. Fisher, MD, Oregon Health Sciences University, Department of Family Practice, Portland, OR 97201. (503) 225-7590.

OF INTEREST TO ALL PHYSICIANS

June 28—**Osteoporosis Conference.** Portland. Friday. Red Lion Lloyd Center. Contact: OHSU-CME.

July 7-10—**Plastic Surgery for the Primary Care Physician.** Sunriver. Sunday-Wednesday. Sunriver Resort. Contact: OHSU-CME.

September 6-7—**Ashland Conference: Infectious Disease.** Ashland. Friday-Saturday. Ashland Hills Inn. Contact: OHSU-CME.

October 4-5—**Fifth Annual Toxicology Conference.** Portland. Friday-Saturday. Marriott Hotel. Contact: OHSU-CME.

UTAH

This listing of continuing medical education courses in Utah is compiled and edited by the CME office of the Utah State Medical Association. All courses listed have been certified by CME accredited institutions as meeting the criteria for Category 1 of the Physician's Recognition Award of the American Medical Association. They also must meet the definition of Utah Approved CME Credit for the purpose of medical license reregistration in Utah. Accredited institutions wishing to list AMA Category 1/Utah Approved CME courses here should send information at least two months in advance to the Office of Continuing Medical Education, 540 East Fifth South, Salt Lake City, Utah 84102; or phone (801) 355-5290. For information on CME accreditation or on the CME requirements of the Utah Physicians' Licensing Board, please write the CME office at the above address.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution or the CME office for current details.

MEDICAL GRAND ROUNDS

Each Wednesday—8:00-9:00 a.m. Alternating between University of Utah Medical Center and VA Medical Center, Salt Lake City. Contact: William D. Odell, MD, PhD, Professor and Chairman, Dept. of Internal Medicine, Univ. of Utah, (801) 581-7606.

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June 16-21—Thirty-fourth Annual Session, School on Alcoholism/Drug Dependencies (Sponsor: University of Utah). Sunday-Friday. University Medical Center-Wintrobe Building. 26 hrs. Contact: James Swenson, MD, (801) 533-5799.

July 14-19—Summer Update in Clinical Microbiology and Immunology (Sponsor: University of Utah). Sunday-Friday. Jackson Hole, American Snow King. 23 hrs. Contact: John Matsen, MD, (801) 581-7480.

August 5-7—Seminars in Ultrasound, CT, MR (Sponsor: University of Utah). Monday-Wednesday. Hyannis, Massachusetts. 13.5 hrs. Contact: William Zwiebel, MD, (801) 581-2800.

August 22-25—Intermountain Dermatology Society (Sponsor: University of Utah). Thursday-Sunday. Red Fish Lake Lodge, Idaho. 9.5 hrs. Contact: C. David Hansen, MD, (801) 321-1100.

SPONSORS OF COURSES—ABBREVIATIONS

AF:	Arthritis Foundation, 1174 East 2700 South, Salt Lake City 84117. (801) 466-9389.
CH:	Castleview Hospital (formerly Carbon Hospital), RFD 2, Box 46, Price, UT 84501. (801) 637-4800.
CWH:	Cottonwood Hospital, 5770 South 300 East, Salt Lake City 84101. (801) 262-3461.
FHP:	Family Health Program/Utah, 323 South Sixth East, Salt Lake City 84102. (801) 335-1234. Contact: Kay Schultz for course information.
HAFB:	Hill Air Force Hospital, Hill Air Force Base 84406. (801) 777-1262.
HCH:	Holy Cross Hospital, 1045 East First South, Salt Lake City 84102. (801) 350-4744.
LDSH:	Latter-Day Saints Hospital, 325 8th Avenue, Salt Lake City 84143. (801) 350-1100.
MDH:	McKay-Dee Hospital Center, 3939 Harrison Blvd., Ogden 84409. (801) 399-4141.
OEH:	Rocky Mountain Center for Occupational and Environmental Health, 50 North Medical Drive, Salt Lake City 84132. (801) 581-8719.
OSS:	Ogden Surgical Society, PO Box 9311, Ogden 84409.
PCMC:	Primary Children's Medical Center, 320 12th Ave., Salt Lake City 84103. (801) 363-1221.
SHCC:	Shriners Hospital for Crippled Children, Intermountain Unit, Fairfax Ave. at Virginia St., Salt Lake City 84103. (801) 532-5307.
SLSC:	Salt Lake Surgical Center, 617 East 3900 South, Salt Lake City 84117. (801) 261-3141.
UAFP:	Utah Academy of Family Physicians, 1146 Westminster Ave., Salt Lake City 84105. (801) 466-9478.
UUMC:	University of Utah Medical Center, 50 North Medical Drive, Salt Lake City 84132. (801) 581-2258.
USMA:	Utah State Medical Association, 540 East Fifth South, Salt Lake City 84102. (801) 355-7477.
UVH:	Utah Valley Hospital, 1034 North Fifth West, Provo 84601. (801) 373-7850.
VAMC:	Veterans Administration Medical Center, 500 Foothill Drive, Salt Lake City 84148. (801) 582-1565.

November 8-9—Advanced Trauma Life Support (Sponsor: University of Utah/Utah Department of Health). Friday-Saturday. Quality Inn, Salt Lake City. 16 hrs. Contact: Kim Tanner, (801) 533-6608.

WASHINGTON

This listing of continuing medical education programs in Washington state is compiled by the Washington State Medical Association. To list Category 1 programs here please send information at least two months in advance to Continuing Medical Education, Washington State Medical Association, 2033 Sixth Avenue, Suite 900, Seattle, WA 98121; or phone (206) 623-4801.

Brochures and Registration Forms are available from the contact person or organization listed at the end of each course or in the list of course sponsors and contact information.

June 15—Contemporary Thoracic Imaging. Seattle. Saturday. U/W South Campus Center. Contact: U/W.

June 18—Small Computers in Medicine. Seattle. Tuesday. Ballard Hospital. Contact: U/W.

June 18-20—Financial Planning for Physicians. Victoria, BC. Tuesday-Thursday. Empress Hotel. Contact: U/W.

June 21—Riverton Hospital Lectures. Seattle. Friday. Riverton Hospital. Contact: U/W.

June 21-22—Nutrition of Hospitalized Patient. Vancouver, BC. Friday-Saturday. Contact: U/W.

June 25—What's New in Antibiotics. Auburn. Tuesday. Auburn General Hospital. Contact: U/W.

COURSE SPONSORS AND CONTACT INFORMATION

CME HARBORVIEW—Contact: Gayle Splater, Cytology Continuing Education, Dept. of Pathology, Harborview Medical Center, 325 Ninth Avenue, Seattle, WA 98104. (206) 223-5953.

CME PIERCE COUNTY—Contact: Mrs Maxine Bailey, Executive Director, College of Medical Education, 705 South Ninth, No. 203, Tacoma, WA 98405. (206) 627-7137.

U/W (UNIVERSITY OF WASHINGTON)—Contact: U/W School of Medicine, Div. of CME, SC-50, Seattle, WA 98195. (206) 543-1050.

VMMC (VIRGINIA MASON MEDICAL CENTER)—Contact: Linda Orgel, Division of Continuing Medical Education, Virginia Mason Medical Center, PO Box 900, Seattle, WA 98111. (206) 223-6898.

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For Graduation



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Manuscripts for consideration should be sent to the editor, Malcolm S. M. Watts, MD, 44 Gough Street, San Francisco, California 94103. The transmittal letter should designate one person as correspondent and include complete address, with ZIP code and telephone number.

In view of *The Copyright Revision Act of 1976*, transmittal letters should contain the following language: "In consideration for reviewing and editing my submission, the author(s) undersigned hereby transfers, assigns or otherwise conveys all copyright ownership to THE WESTERN JOURNAL OF MEDICINE in the event that such work is published by the journal." This statement should be signed by *all* the authors.

Authors are urged to seek clarity and succinctness in all manuscripts regardless of subject matter or format and to give close attention to syntax, grammar and spelling.

Clinical Investigation Section

Articles that authors wish to have considered for the Clinical Investigation section should be so designated in the transmittal letter. The type of articles appropriate for this section are those that describe experimental work in humans that extensively and prospectively examines scientific hypotheses relating to disease. An article describing a single case report will not normally be considered appropriate for this section.

Preparing Manuscripts

The original manuscript and two copies should be submitted on heavy bond paper (8½ by 11 inches, *not* erasable), typed *double-spaced throughout* (including legends, tables and references) on one side of the paper, with 1½-inch margins. Ordinarily, articles should not exceed 3,000 words (less than 15 text pages, typed double-spaced). Under exceptional circumstances only will articles longer than 4,000 words be published. Pages should be numbered consecutively, beginning with the title page.

Style

Abbreviations. Use of abbreviations should be minimized. If they are necessary, abbreviations should be spelled out at first mention, with the abbreviation itself immediately following in parentheses.

Weights and measures. All measurements should be given in metric units. English equivalents should be given parenthetically if the measurements were originally done in English units.

Temperatures. Temperature readings should be given first in Celsius, followed by the Fahrenheit equivalent in parentheses.

Drug names. If the trade name of a drug is used, the generic name should be given first, followed by the trade name in parentheses. Trade names are capitalized, generic names are not.

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Titles are best when brief and concise. The title page should include the full name of the author(s), with degrees, academic or professional titles, complete addresses and any institutional or other affiliations. The complete name and address of the person who will handle reprint requests also should appear on this page.

Abstract

The abstract (approximately 150 words) should be a short summary, saying in brief what is said at length in the body of the article—rather than such and such "is discussed," "is presented" or "was investigated."

Tables and Figures

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Each table should be typed on a separate sheet of paper, be numbered consecutively in Arabic numerals, have a brief descriptive title and have its position indicated in the text.

Illustrations (Figures)

Three sets of clear, unmounted black and white glossy prints of figures should be submitted (preferably 5 by 7 inches, but no larger than 8½ by 11 inches). For line drawings, original artwork or glossy prints are acceptable. Illustrations should be numbered consecutively in Arabic numerals and their position indicated in the text. Figure number, first author's name and top of the photo should be shown on the reverse side of each illustration. Recognizable photographs of patients are to be masked and written permission for publication obtained from the patients.

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All legends for figures should be typed together on a separate sheet of paper. Magnification and stain for photomicrographs should be indicated in parentheses.

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If an illustration or table has been used previously in another publication, written permission for its use must be obtained from the publisher, and should accompany the manuscript. The source should be acknowledged in the legend if it can be done

briefly by citation of a reference number. Otherwise, acknowledgment is made at the end of the figure legend or at the bottom of the table.

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References should be limited to those cited in the text. They must be typed double-spaced and numbered consecutively as they appear in the manuscript. (See examples below for style.) Abbreviations of journal titles should conform to those used in *Index Medicus*.

Journal Articles

Note handling of multiple authorship. If more than three authors are listed as contributors, use "et al" to designate those names after the first three. Also note capitalization, punctuation, mention of inclusive page numbers and year of publication. Separate the subtitle from the title by either a dash or a colon. Use colon *only* if it appears in the original citation.

1. Jones JS, Anderson HW, Johnson DW, et al: The athletic heart revisited—Sudden death of a 28-year-old athlete. *JAMA* 1978; 292:444-456

2. Graybill JR, Alford RH, Smith RG, et al: Cell-mediated immunity in cryptococcosis: A brief review. *Cell Immunol* 1978; 7:76-79

Books

Note handling of "edition," "editor(s)," and "volume," as well as appropriate sequence of reference information and capitalization of chapters and titles.

3. Berne EJ, Smith TL: Role playing in therapy, chap 2, *Principles of Group Therapy*. New York, Oxford University Press, 1966, pp 35-51 (*author of chapter same as author of book*)

4. Munsung JM: The role of drugs, chap 2, *In* Brest AN, Mayer JH (Eds): *Hypertension—Vol 2, Therapy*, 2nd Ed. Springfield, Ill, Charles C Thomas, 1961, pp 456-479 (*author of chapter different from authors of book*)

Pamphlets, Monographs or Books With No Given Author

5. AMA Department of Drugs: *AMA Drug Evaluation*, 3rd Ed. Littleton, Mass, Publishing Sciences Group, 1977 (*corporate author*)

6. *Compilation of Standard Definitions*, 3rd Ed. Philadelphia, American Society for Testing and Materials, 1976 (*no given author; give name and place of publisher*)

Articles in Press or Accepted for Publication

Any article accepted for publication should include the name of the journal (appropriately abbreviated) in which it will appear, and the phrase "in press" or "accepted for publication" in place of the date of publication.

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This information should *not* be included in the reference list but should be given in parentheses in the body of the text. Date of communication, whether it was personal or written, and the person's name, highest academic degree and professional affiliation should be provided.

Acknowledgments

It is the policy of the *WJM* not to print acknowledgments, the feeling being that if a person has contributed enough to a paper to be mentioned, he or she should be included among the authors, or the contribution should be mentioned in the body of the paper or in a footnote.

Correspondence

Brief manuscripts commenting on articles that have appeared in the journal, containing information of interest to physicians or discussing issues of the day will be considered for publication. Very short reports of cases, clinical experience, clinical studies, adverse effects and the like also will be considered. Items for the Correspondence section should not exceed 600 words and should have no more than five bibliographic references and one figure or table.

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Authors are responsible for all statements made in articles. Manuscripts are considered for publication with the explicit understanding that they are original, have not been published previously and are not simultaneously under consideration by any other publication.

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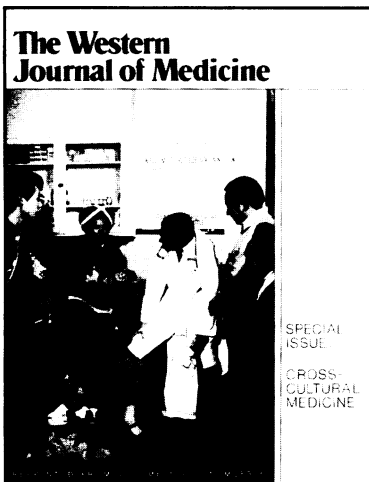
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CONTINUING MEDICAL EDUCATION

(Continued from Page 878)

June 26-28—Community Support Systems for the Chronically Mentally Ill. Seattle. Wednesday-Friday. Contact: U/W.

June 26-29—(OREGON) Washington State Chapter, American College of Surgeons. Sun River, Oregon. Wednesday-Saturday. Sun River Resort. Contact: Richard P. Billingham, MD, 801 Broadway, Suite 712, Seattle 98122. (206) 624-2107.

June 28—Riverton Hospital Lectures. Seattle. Friday. Riverton Hospital. Contact: U/W.

June 29-July 3 (CALIFORNIA)—Pacific Coast Ophthalmological Society Annual Meeting. San Diego. Saturday-Wednesday. Hotel Del Coronado. Contact: Robert E. Christensen, MD, Exec. Secretary-Treasurer, JSEI-UCLA, 800 Westwood Plaza, Los Angeles, CA 90024. (213) 625-5298.

July 8-10—Scientific Aspects of Dance/Exercising Women. Seattle. Monday-Wednesday. Sheraton. Contact: U/W.

July 8-12—Sleep Disorders 1985. Seattle. Monday-Friday. Westin. Contact: U/W.

August 2-4—Washington State Society of Anesthesiologists Seafair VII Meeting—Anesthesia Care for Trauma. Seattle. Friday-Sunday. Seattle Sheraton Hotel. Contact: Patti Smith, Washington State Society of Anesthesiologists, 2033 Sixth Ave., Ste. 900, Seattle 98121. (206) 441-9762.

August 2-5—Refractive Surgery—State of the Art. Orcas Island. Friday-Monday. Rosario Resort. Contact: Patti Smith, Washington State Academy of Ophthalmology, 2033 Sixth Ave., Ste. 900, Seattle 98121. (206) 441-9762.

September 6-7—Washington State Society of Anesthesiologists Fall Meeting. Hood Canal. Friday-Saturday. Alderbrook Inn. Contact: Patti Smith, Washington State Society of Anesthesiologists, 2033 Sixth Ave., Ste. 900, Seattle 98121. (206) 441-9762.

September 19-22—Washington State Medical Association Annual Meeting. Jantzen Beach. Thursday-Sunday. Thunderbird Motor Inn. Contact: Patti Smith, WSMA, 2033 Sixth Ave., Ste. 900, Seattle 98121. (206) 441-9762.

(Continued on Page 889)



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(Continued from Page 887)

September 28-October 4 (SAN JUAN ISLANDS)—Effective Management of Common Sports Injuries. Saturday-Friday. Contact: Epic Medical Expeditions, PO Box 209, Sun Valley, ID 83353. (206) 788-4995.

November 1-2 (VANCOUVER)—Northwest Urological Society 1985 Annual Meeting. Vancouver, BC. Friday-Saturday. Bayshore Inn. Contact: Patti Smith, Northwest Urological Society, 2033 Sixth Ave., Ste. 900, Seattle 98121. (206) 441-9762.

November 7-8—Washington Chapter, American College of Emergency Physicians—15th Annual Clinic Conference. Seattle. Thursday-Friday. Four Seasons Olympic Hotel. Contact: Patti Smith, Washington Chapter, ACEP, 2033 Sixth Ave., Suite 900, Seattle 98121. (206) 441-9762.

December 7-8—Washington State Society of Anesthesiologists Winter Meeting. Seattle. Saturday-Sunday. Four Seasons Olympic Hotel. Contact: Patti Smith, Washington State Society of Anesthesiologists, 2033 Sixth Ave., Suite 900, Seattle 98121. (206) 441-9762.

WYOMING

June 23-26—Wyoming Medical Society—Annual Meeting. Jackson Lake Lodge, Moran. Sunday-Wednesday. Contact: WMS, PO Drawer 4009, Cheyenne 82003-4009.

August 26-28—Tutorials in the Tetons: Clinical Cardiology, Diagnostic and Therapeutic Advances. Jackson Lake Lodge, Grand Teton National Park, Moran. Monday-Wednesday. Sponsor: American College of Cardiology. Contact: ACC, Extramural Prog. Dept., 9111 Old Georgetown Rd., Bethesda, MD 20814. (301) 897-5400, ext. 230.

September 7-12—Applications in Preventive Medicine. Yellowstone National Park Bicycle Tour. Saturday-Friday. 24 hrs. Cat. I. Sponsors: University of Arizona College of Medicine and Epic Medical Expeditions. Contact: Richard Paris, MD, PO Box 209, Sun Valley, ID 83353. (208) 788-4995. ♦

WESTERN STATE MEDICAL ASSOCIATIONS' MEETINGS

Alaska State Medical Association—4107 Laurel St., Anchorage 99504. (907) 562-2662. Annual Meeting: June 5-8, 1985, Haines.

Arizona Medical Association, Inc.—810 W. Bethany Home Rd., Phoenix 85013. (602) 246-8901. Annual Meeting: 1986: date and place to be announced.

California Medical Association—44 Gough St., San Francisco 94103. (415) 863-5522. Annual Meeting: February 28-March 5, 1986, Bonaventure Hotel, Los Angeles.

Colorado Medical Society—6825 E. Tennessee, Bldg. 2, Suite 500, Denver 80224. (303) 321-8590. Annual Meeting: September 11-14, 1985, Broadmoor, Colorado Springs.

Hawaii Medical Association—320 Ward Ave., Suite 200, Honolulu 96814. (808) 536-7702. Annual Meeting: October 12-14, 1985, Kona Surf Hotel, Kona.

Idaho Medical Association—305 W. Jefferson, PO Box 2668, Boise 83701. (208) 344-7888. Annual Meeting: July 24-27, 1985, Sun Valley.

Montana Medical Association—2012 11th Ave., Suite 12, Helena 59601. (406) 443-4000. Annual Meeting: October 3-5, 1985, Outlaw Inn, Kalispell.

Nevada State Medical Association—3660 Baker Lane, Reno 89502. (702) 825-6788. Annual Meeting: 1986: date and place to be announced.

New Mexico Medical Society—303 San Mateo NE, Suite 204, Albuquerque 87108. (505) 266-7868. Annual Meeting: 1986: date and place to be announced.

Oregon Medical Association—5210 S.W. Corbett Ave., Portland 97201. (503) 226-1555. Annual Meeting: (House of Delegates only): 1986: date and place to be announced.

Utah State Medical Association—540 East Fifth South, Salt Lake City 84102. (801) 355-7477. Annual Meeting: September 26-27, 1985. Hotel Utah, Salt Lake City.

Washington State Medical Association—900 United Airlines Bldg., 2033 6th Ave., Seattle 98121. (206) 623-4801. Annual Meeting: September 19-22, 1985, Jantzen Beach.

Wyoming Medical Society—P.O. Drawer 4009, Cheyenne 82003-4009. (307) 635-2424. Annual Meeting: June 23-26, 1985, Jackson Lake Lodge, Moran.

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